APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE Title::

METHODS FOR CHARACTERIZING THE INFECTIVITY STATUS OF A HOST

Attorney Docket Number:: BIOTI-11

Total Drawing Sheets:: Small Entity?:: YES

INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR Primary Citizenship Country:: UNITED STATES Status:: FULL CAPACITY Given Name:: Robert

Middle Name:: Α. Family Name:: HALLOWITZ

City of Residence:: Newmarket State or Prov. of Residence:: Maryland Country of Residence:: UNITED STATES

Street:: 9704 Woodlake Place City:: Newmarket

State or Province:: Maryland Country:: UNITED STATES Postal or Zip Code::

21774

Inventor Authority Type:: INVENTOR Primary Citizenship Country:: UNITED STATES Status:: FULL CAPACITY Given Name::

John Family Name:: KROWKA City of Residence:: Frederick State or Prov. of Residence:: Maryland

Country of Residence:: UNITED STATES Street:: 465 Arwell Court City::

Frederick State or Province:: Maryland Country:: UNITED STATES

Postal or Zip Code:: 21702

Inventor Authority Type:: INVENTOR Primary Citizenship Country:: UNITED STATES Status::

FULL CAPACITY Given Name:: Shawn Family Name::

MATLOCK City of Residence:: Frederick State or Prov. of Residence:: Maryland Country of Residence:: UNITED STATES

Street:: 6512 Springwater Court

#4402

City::

State or Province::

Frederick Maryland

Country::

Postal or Zip Code::

UNITED STATES

21701

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number::

23599

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

This Application Non-Provisional of

Parent Application:: Parent Filing Date::

60/215,075

06/30/00

FOREIGN PRIORITY INFORMATION

Application Number::

PCT/US97/19849

ASSIGNMENT INFORMATION

Assignee Name::

Street::

Bio-Tech Imaging, Inc.

5711 Industry Lane Unit 31

City::

Frederick

State or Province:: Country::

Maryland

USA

Postal or Zip Code::

21704